

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR REINSTATEMENT OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$100** and **\$80** for EACH delinquent  
Annual Report payable to SECRETARY OF STATE

Telephone # _____ FAX # _____

Pursuant to SDCL 48-7A-1003, the following Domestic Limited Liability Partnership applies for reinstatement.

1. The name of the partnership is \_\_\_\_\_

Note: This must be the exact limited liability partnership name.

2. The effective date of its revocation \_\_\_\_\_

**A partnership whose statement of qualification has been revoked may apply to the Secretary of State for reinstatement within two years after the effective date of the revocation.**

3. State that the ground or grounds for revocation either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.

4. **Attached** hereto are **ALL** delinquent **annual reports** and **filing fees**.

The application must be signed by a partner.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a Partner)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)